

PPR ANNUAL REPORTING FORM – 2008

This report covers the time period of July 1, 2007 through June 30, 2008

AGENCY NAME: _____

I. How many classified employees had anniversary dates in each of the following months:

JULY 2007	_____	NOV 2007	_____	MARCH 2008	_____
AUG 2007	_____	DEC 2007	_____	APRIL 2008	_____
SEPT 2007	_____	JAN 2008	_____	MAY 2008	_____
OCT 2007	_____	FEB 2008	_____	JUNE 2008	_____

**TOTAL ANNIVERSARY DATES: _____

II. How many ratings were given to classified employees in each of these categories:

Poor	_____	Needs Improvement	_____
Meets	_____		
Requirements	_____	Exceeds Requirements	_____
Outstanding	_____	Un-rated	_____

**TOTAL RATINGS _____

****Please explain (on the back of this page) any discrepancy between TOTAL ANNIVERSARY DATES and TOTAL RATINGS GIVEN.**

III Beginning 7/1/07, how many compliant employee Requests for Reviews have been received? _____

How many were Requests for Review of Un-rated ratings?	_____
How many were Requests for Review of Poor Ratings?	_____
How many were Requests for Review of Needs Improvement Ratings?	_____
How many were Requests for Review of Meets Requirements Ratings?	_____
How many were Requests for Review of Exceeds Requirements Ratings?	_____

Since the rules require that a compliant Request for Review must result in a higher rating if granted by the reviewer, then any Request for Review of an **Outstanding** rating would be non-compliant. Did your agency receive any Requests for Review of Outstanding ratings? If so, how many? _____

Of the Requests for Review of “un-rated” ratings, how many resulted in the granting of an actual numerical rating? _____

Of the Requests for Review of ratings other than “un-rated” ratings:

How many resulted in an affirmation of the original rating? _____

How many resulted in a raising of the original rating? _____

How many resulted in a lowering of the original rating? _____

How many Requests for Review (**all categories**) are still pending the Reviewer’s decision as of 6/30/08? _____

SIGNATURES:

Appointing Authority Name _____

Appointing Authority Signature _____ Date _____

Human Resources Director Name _____

Human Resources Director Signature _____ Date _____

H. R. Director Phone _____ e-mail address _____

Agency Name _____

DO NOT FAX THIS REPORT. SEND THE ORIGINAL ONLY.

Mail completed report by August 29, 2008 to:

Dept. of State Civil Service

Attn: Program Assistance Division

P. O. Box 94011

Baton Rouge, LA 70804-9111